

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/601737	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		2		1			56						
7		2		1			57						
8		2		1			58						
9		1					59						
10		1					60						
11		1					61						
12		3		1			62						
13		3		1			63						
14		1					64						
15	1		1				65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21	1		1				71						
22		1					72						
23		1					73						
24		1					74						
25	1		1				75						
26		1					76						
27		1					77						
28		1					78						
29		4		1			79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			4				TOTAL IND.						
TOTAL DEP.			25				TOTAL DEP.						
TOTAL CLAIMS			29				TOTAL CLAIMS						